

APPLICATION

PERCOLATION TESTING

A 59946

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MARSHALL W. NICHOLS

ADDRESS 2937 JENNINGS CHAPEL ROAD
WOODRINE, MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER DAVID E. WILKINSON @ MACRO LTD. REAL ESTATE SERVICES

ADDRESS 5301 BUCKEYSTOWN PIKE, SUITE 300
FREDERICK, MD 21704 PHONE (301) 698-9696

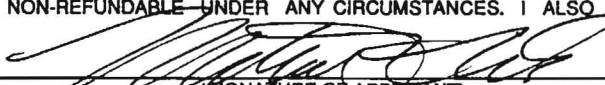
PROPERTY LOCATION:

SUBDIVISION NICHOLS' PROPERTY LOT NO. _____

ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/D 46

SIZE OF LOT 40,000 - 60,000 sq. ft. TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. 
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

NICHOLS SUBD.

159946

COUNTY #

SOIL PROFILE

0' 16C

CLAY / CLAYLOAM

4 1/2

MICA SILT

LOAM

SIGNIFICANT POCKETS

SAPROPHITIC STRATUM

(a) 9'

16D/15C

CLAY

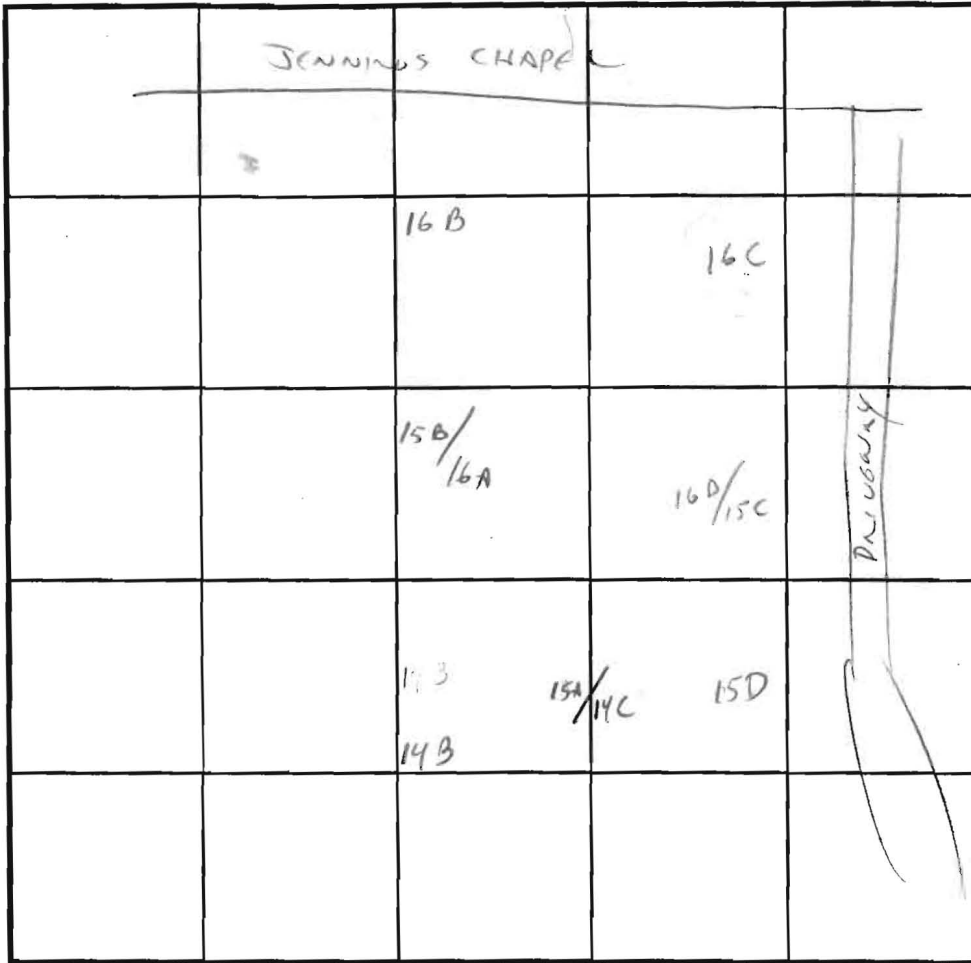
4

TAU MICA

LOAM

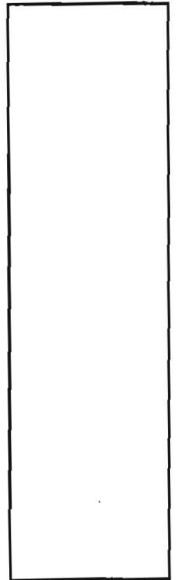
SAPROPHITIC INCREASING TO 30% NEAR BOTTOM

11



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/98	16C	3 1/2	1:05	1:20	1:20	1:41	21ml/h
	16D/15C	3 1/2	1:04	1:10	1:10	1:16	6ml/h

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Williams ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

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PROPERTY LOCATION:
DIVISION NICHOLS' PROPERTY LOT NO. _____
ROAD AND DESCRIPTION JENNINGS CHAPEL ROAD, HOWARD COUNTY

TAX MAP 13 PARCEL # P/046
SIZE OF LOT 40,000 - 60,000 sq. ft. TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

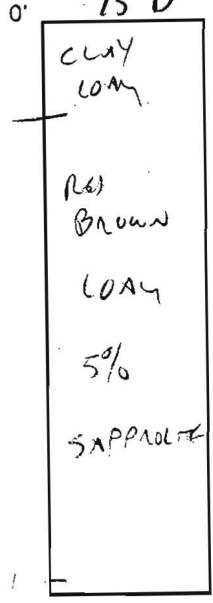
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

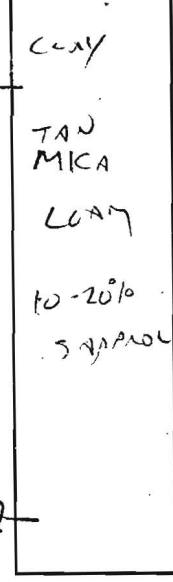
159946

COUNTY #

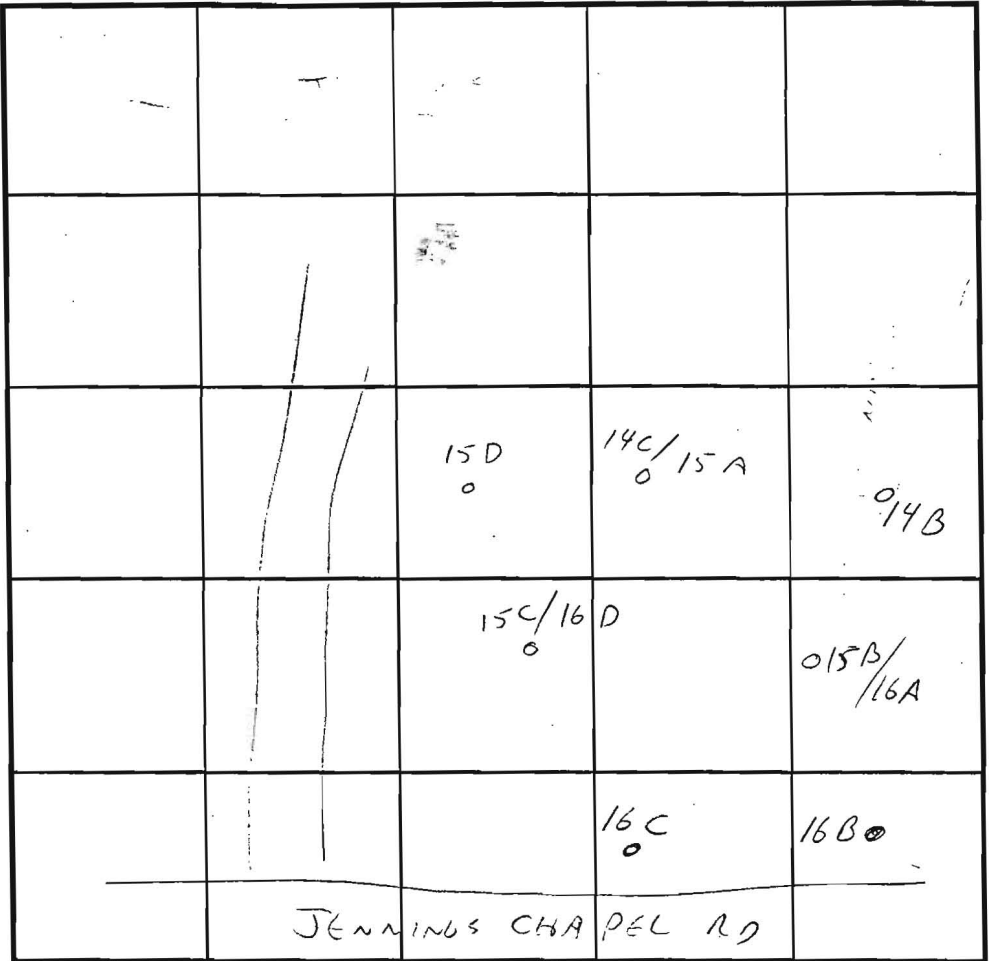
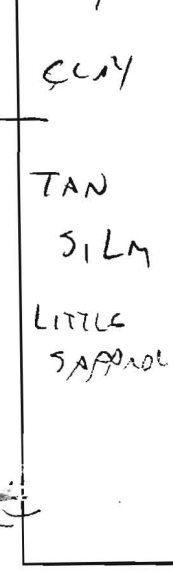
SOIL PROFILE 15 D



15A/14C

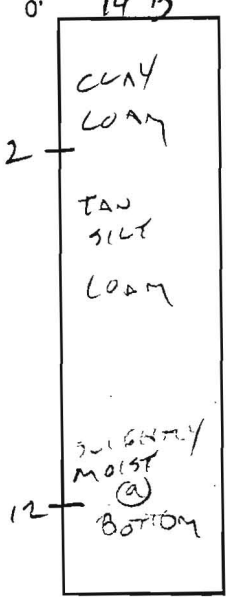


15B/16A

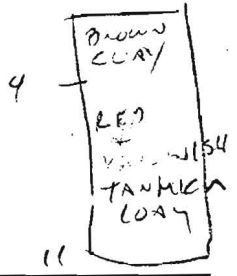


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 14 B



16B



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/5/26	15D	3 1/2	12:36	12:39	12:39	12:45	6 MIN
	15A/14C	3 1/2	VIS OK	3 1/2 - 12'			EST 6 MIN
	15B/16A	3 1/2	12:48	11:03	11:03	1:35	
		slow (a) 3 1/2	VIS OK	EST 5 MIN	(a) 4 1/2'	(5 MIN)	
	14 B	3 1/2	12:48	12:58	12:58	1:11	13 MIN
	16 B	3 1/2	12:54	1:00	1:00	1:12	12 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. Willa ALSO PRESENT SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: _____ A _____
 STREET NAME: _____ LOT NUMBER: _____
 AVERAGE PERCOLATION RATE: _____ SQUARE FEET PER BEDROOM: _____
 NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM: _____
 TOTAL LINEAR FEET OF TRENCH: _____ SEPTIC TANK CAPACITY: _____
 TOP SEAMED TANK REQUIRED? YES OR NO COMPARTMENTED TANK REQUIRED? YES OR NO

TRENCH DIMENSIONS: Trench to be _____ feet wide. Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet
 below original grade. _____ feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

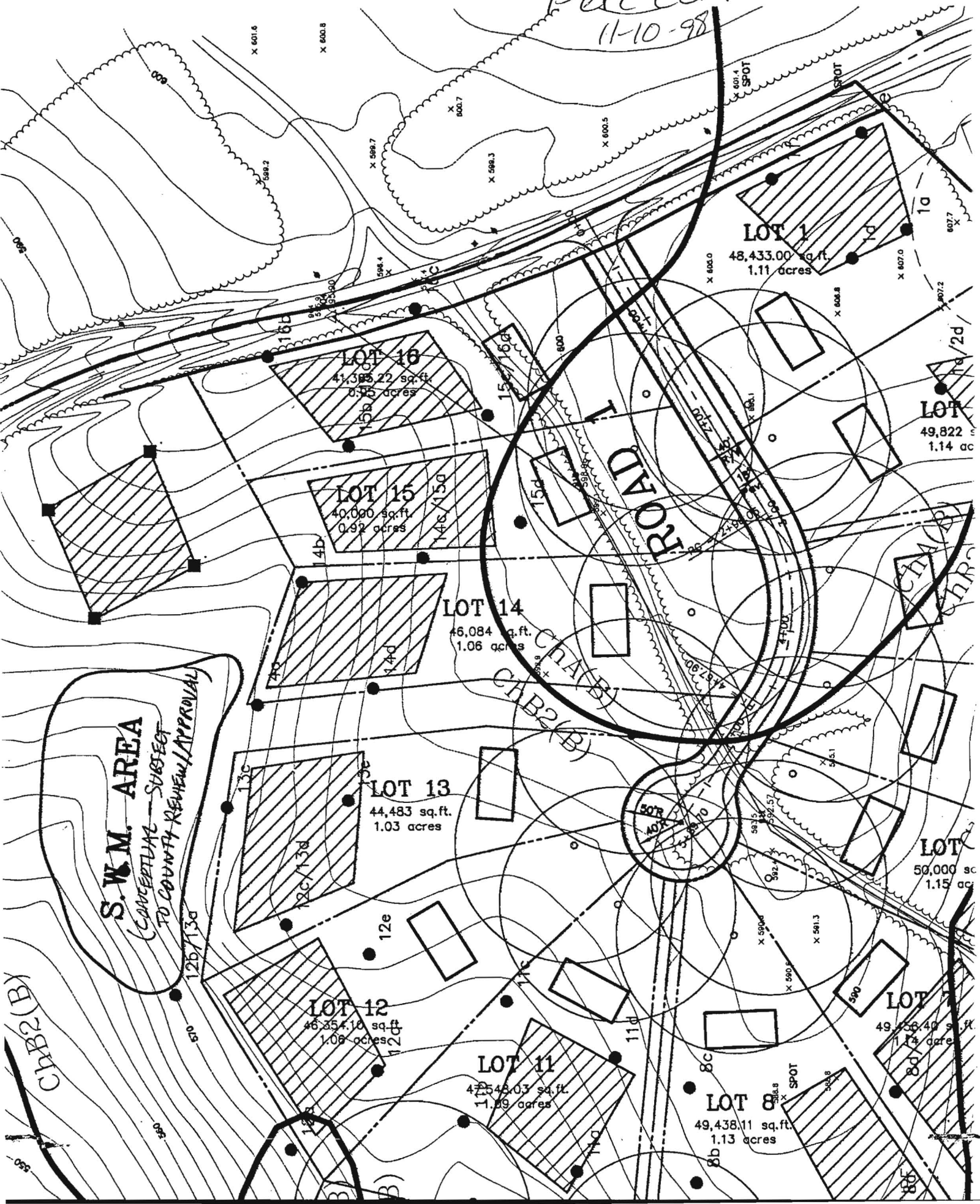
LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____

Approved
Pericert
11-10-98



S.W.M. AREA
(CONCEPTUAL SUBJECT TO COUNTY REVIEW/APPROVAL)

POND

CHB2(B)

CHB2(B)

LOT 6
50,000 sq. ft.
1.15 acres

LOT 7
49,564.40 sq. ft.
1.14 acres

LOT 8
49,438.11 sq. ft.
1.13 acres

LOT 11
47,548.03 sq. ft.
1.09 acres

LOT 12
46,354.10 sq. ft.
1.06 acres

LOT 13
44,483 sq. ft.
1.03 acres

LOT 14
46,084 sq. ft.
1.06 acres

LOT 15
40,000 sq. ft.
0.92 acres

LOT 16
41,385.22 sq. ft.
0.95 acres

LOT 1
48,433.00 sq. ft.
1.11 acres